

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS468ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS REGIONAL SURGERY CENTER, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3560 E FLAMINGO ROAD STE 105 LAS VEGAS, NV 89121		
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A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Life Safety Code and State Health Licensure re-survey conducted in your facility on 6/24/09 and finalized on 6/29/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>The facility was surveyed following the 2006 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00		
A 02 SS=C	<p>NAC 449.9795 ADMINISTRATION</p> <p>The governing body shall:</p> <p>1. Adopt a set of rules which include provisions concerning:</p> <p>(a) the criteria by which the members and officers of the governing body are selected, their terms of</p>	A 02		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 02	Continued From page 1 office and their duties; (b) The frequency of its meetings; and (c) The annual revision and approval of the rules by the governing body. This Regulation is not met as evidenced by: Based on review of the Governing Body manual record provided by the center and interview the center failed to ensure by-laws were established and a set of rules were adopted. The Governing Body manual provided failed to contain a set of rules as specified in NAC 449.9795 including: 1. Criteria by which members are selected 2. Frequency of meetings 3. Annual revisions and approval of rules 4. Arrangement for minutes to be taken and dispensed to members Severity: 1 Scope: 3	A 02			
A 10 SS=C	NAC 449.980 Administration The governing body shall ensure that: 7. The center adopts, enforces and annually reviews written policies and procedures required by NAC 449.971 to 449.996, inclusive, including an organization chart. These policies and procedures must: (a) Be approved annually by the governing body. This Regulation is not met as evidenced by: The Governing Body failed to ensure the center adopted, enforced and annually reviewed written policies and procedures, as per NAC 449.971 - 449.996.	A 10			

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A 10	Continued From page 2 1. There was no documented evidence the Governing Body adopted and approved the policies and procedures. 2. There was no documented evidence the Governing Body reviewed and approved the policies and procedures on an annual basis. 3. There was evidence not all policies and procedures reflected compliance with state regulations. Severity: 1 Scope: 3	A 10		
A 59 SS=C	NAC 449.9812 Program for Quality Assurance 2. The program for quality assurance must include, without limitation: (a) Periodic reviews of the clinical responsibilities and authority of the members of the staff. (b) Periodic evaluations of members of the staff that are conducted by their peers. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure the quality assurance program included a periodic peer review. Severity: 1 Scope: 3	A 59		
A 66 SS=F	NAC 449.9812 Program for Quality Assurance 2. The program for quality assurance must include, without limitation: (g) Procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized	A 66		

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A 66	Continued From page 3 concerns, and for assessing the frequency, severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing: (3) The procedures used to control the quality of radiological, pathological, laboratory and pharmaceutical services provided by the center. This Regulation is not met as evidenced by: Based on pregnancy testing log review and interview the facility failed to ensure procedures were in place for quality control testing to be done on the pregnancy testing machine prior to use for patients. Severity: 2 Scope: 3	A 66			
A100 SS=F	NAC 449.983 Protection from Fires and Other Disasters 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Based on record review and interview the center failed to conduct fire-drills, no less than once each quarter, and failed to complete a written evaluation of the required fire-drills. The center's policy stated fire-drills would be conducted on a monthly basis.	A100			

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A100	Continued From page 4 There was no documented evidence fire drills were conducted. There was no documented evidence a written evaluation of each drill was conducted. Severity: 2 Scope: 3	A100			
A102 SS=F	NAC 449.983 Protection from Fire and Other Disaster 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (i)A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a separate rehearsal for disasters was conducted and documented yearly. Severity: 2 Scope: 3	A102			
A112 SS=F	NAC 449.9855 PERSONNEL 2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by:	A112			

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A112	Continued From page 5 Based on record review the facility failed to ensure the staff had Tuberculosis (TB) screening in accordance with NAC 441A.375 for 12 of 19 employees (Employees #1, 2, 3, 5, 7, 9, 11, 13, 15, 16, 18, 19). The facility's personnel files policy was not in compliance with NAC 441A.375. The policy revealed TB screening and employee physical were to be done within six months of hire. There was no evidence of a TB screening in accordance with NAC 441A.375 for Employees #1, 2, 3, 5, 7, 9, 11, 13, 15, 16, 18, and 19. Severity: 2 Scope: 3	A112		
A113 SS=C	NAC 449.9855 Personnel 2. Each employee of the center must: (b) Within 10 days after the date of his employment, and periodically thereafter, be instructed in the control of infections, the prevention of fires, the safety of the patients, preparation in case of disaster, and the policies and procedures of the center. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure employees were instructed in the control of infectious diseases, the prevention of fires and disaster, and the safety of patients within 10 days of employment for 7 of 10 employees (Employees #1, 2, 3, 5, 6, 7, 9, 10). Severity: 1 Scope: 3	A113		
A171 SS=C	NAC 449.992 Pathological Services	A171		

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A171	Continued From page 6 1. Pathology services must be provided by a staff pathologist or by a pathologist used as a consultant by the ambulatory surgical center. The pathologist must be licensed to practice in this state. This Regulation is not met as evidenced by: Based on record review and interview the center failed to ensure pathology services were provided by a licensed staff or consultant pathologist. Severity: 1 Scope: 3	A171			
A173 SS=C	NAC 449.992 Pathological Services 3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medial staff. This Regulation is not met as evidenced by: Based on policy and procedure review and interview the facility failed to ensure a list of tissues that do no routinely require microscopic examination was approved by a pathologist. Severity: 1 Scope: 3	A173			
A234 SS=F	State and Local Laws NAC 449.9843 Compliance with standards of construction. 4. An ambulatory surgery center shall comply with all applicable: (a) Federal and state laws; (b) Local ordinances, including, without limitations, zoning ordinances; and (c) Life safety, environmental, health, building and fire codes. If there is a difference between state and local requirements, the more stringent requirements	A234			

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A234	<p>Continued From page 7</p> <p>apply.</p> <p>This STANDARD is not met as evidenced by: Your facility was surveyed using the 2006 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code, Chapter 21 Existing Ambulatory Health Care Occupancies.</p> <p>21.2.9 Emergency Lighting and Essential Electrical Systems</p> <p>21.2.9.2 Where general anesthesia or life-support equipment is used, each ambulatory health care facility shall be provided with an essential electrical system in accordance with NFPA 99, Standard for Health Care Facilities, unless otherwise permitted by the following:</p> <p>(1) Where battery-operated equipment is provided and acceptable to the authority having jurisdiction (2) Where a facility uses life-support equipment for emergency purposes only</p> <p>NFPA 99 3-4.4.1 Maintenance and Testing of Essential Electrical Systems</p> <p>3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches</p> <p>1 Test Criteria. Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. Generator sets serving emergency and equipment systems shall be in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6.</p>	A234			

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A234	<p>Continued From page 8</p> <p>Based on interview, the facility failed to test their essential electrical system.</p> <p>Interview with the Director of Nursing revealed that the facility had not tested the generator set monthly as required; however, a two hour load bank test had been performed on 4/28/09 by a contractor.</p> <p>21.7.6 Maintenance and Testing. See 4.6.12</p> <p>4.6.12 Maintenance, Inspection, and Testing</p> <p>4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction.</p> <p>Based on interview, the facility failed to maintain the medical gas system.</p> <p>Interview with the Director of Nursing revealed that she did not know when the medical gas system had been last certified. There was no documentation at the facility of when the last certification was performed.</p> <p>Severity: 2 Scope: 3</p>	A234		

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